



**CERTIFICATE OF MEDICAL NECESSITY - SECTION C CONTINUATION FORM**  
DEPARTMENT OF HUMAN SERVICES  
MEDICAL SERVICES DIVISION  
SFN 727 (7-2006)

Name	Patient ID
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**SECTION C - Narrative Description (continued)**

Narrative description of all items, accessories and options ordered.

**SECTION D - Physician Signature/Date**

Signature	Date	(Signature and Date Stamps are not acceptable)
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